

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street: Unit 23 Radcliff Glen  
Subdivision Lot #

## PROPERTY OWNERS NAME

Last: NAL Const First:  
Applicant Name: Scott Peters  
Mailing Address of Owner/Applicant (if Different): PO Box 544 Westbrook, ME 04098

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 2/28/04  
Signature of Owner/Applicant Date

2004-8066

Date Permit Issued: 2/27/04 PERMIT # 9733 STATE # 900  Double Fee Charged  
[Signature] Local Plumbing Inspector Signature L.P.I. # 0999

153 A 025

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>07854</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock	2	Bathtub (and Shower)	
		Floor Drain	1	Shower (Separate)	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink	
		Drinking Fountain	3	Wash Basin	
		Indirect Waste	3	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.	1	Clothes Washer	
		Grease / Oil Separator	1	Dish Washer	
		Dental Cuspidor	1	Garbage Disposal	
		Bidet		Laundry Tub	
		Other: _____		Water Heater	
		Fixtures (Subtotal) Column 2		1.3	
				2	Fixtures (Subtotal) Column 1
			1.5	Total Fixtures	
				96	
				Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

96  
+ 100  
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196

96